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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/812,923	
	Filing Date	March 31, 2004	
	First Named Inventor	Ichikawa TAKESHI	
	Group Art Unit	2816	
	Examiner Name	Terry D. Cunningham	
Total Number of Pages in This Submission		Attorney Docket Number	030712-34

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Notice of Non Compliant Amendment
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	October 3, 2005

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Date	Signature
	Jeannie Saxton
	Typed or printed name



Docket No. 030712-34  
Serial No. 10/812,923  
Page 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:	)
Ichikawa TAKESHI	) Group Art Unit: 2816
Serial No. 10/812,923	) Examiner: Terry D. Cunningham
Filed: March 31, 2004	) Confirmation No. 5693
For: RESET CIRCUIT	) Date: October 3, 2005


**RESPONSE TO NON- COMPLIANT  
AMENDMENT**

Mail Stop Non Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice of Non-Compliant Amendment mailed on September 27, 2005, please find enclosed a revised version of the amendment filed September 6, 2005, including the correct listing of claims 1-7. In view of this, the instant application should be in a condition for examination on the merits.

Respectfully submitted,

  
Donald R. Studebaker  
Reg. No. 32,815

Nixon Peabody LLP  
401 9<sup>th</sup> Street N.W.  
Suite 900  
Washington, D. C. 20004  
(202) 585-8000



Docket No. 030712-34  
Serial No. 10/812,923  
Page 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Patent Application of:

Ichikawa TAKESHI

Serial No. 10/812,923

Filed: March 31, 2004

For: RESET CIRCUIT

)  
) Group Art Unit: 2816  
) Examiner: Terry D. Cunningham  
) Confirmation No. 5693  
) Date: September 6, 2005

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Signature: \_\_\_\_\_

Name: Jeannie Saxton

AMENDMENT

Mail Stop \_\_\_\_\_  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action April 6, 2005, please amend the above identified application as follows.